



Human Resources Division  
500 Castro Street, P.O. Box 7540  
Mountain View, CA 94039-7540  
FAX 650-962-8505  
[www.mountainview.gov](http://www.mountainview.gov)

## EMPLOYMENT APPLICATION

- PLEASE NOTE:
1. A separate application is required for each position.
  2. Applications must be typed or printed in blue or black ink. Incomplete or illegible applications will not be considered.
  3. Keep the Human Resources Division informed of any changes to your contact information.

### POSITION

**ENVIRONMENTAL YOUTH CORPS**

Position applied for \_\_\_\_\_

Learned of this job opening through \_\_\_\_\_

### BASIC INFORMATION

☐ Mr.

☐ Ms.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

E-Mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Are you over 18 years of age? ☐ Yes ☐ No If under 18, can you, after employment, submit a work permit? ☐ Yes ☐ No

Primary Phone (\_\_\_\_\_) \_\_\_\_\_ Secondary Phone (\_\_\_\_\_) \_\_\_\_\_

Driver's License \_\_\_\_\_ Driver's License State \_\_\_\_\_ Driver's License Class \_\_\_\_\_

Are you eligible to work in the United States? ☐ Yes ☐ No

Have you ever been employed by the City of Mountain View? ☐ Yes ☐ No

Are you related to anyone employed by the City of Mountain View? ☐ Yes ☐ No

If YES, provide name and relationship \_\_\_\_\_

### EDUCATION

Highest Education: ☐ Some High School ☐ High School ☐ GED ☐ Some College ☐ College ☐ Post Graduate

High School/GED Attended \_\_\_\_\_ Location of HS/GED \_\_\_\_\_

College or University Attended \_\_\_\_\_ Location \_\_\_\_\_ Major \_\_\_\_\_

Units Completed \_\_\_\_\_ Unit Type (circle one) Semester/Quarter Degree(s) completed \_\_\_\_\_

Trade or Business School Attended \_\_\_\_\_ City/State \_\_\_\_\_ Course of study completed \_\_\_\_\_

List any specialized training which yielded certification, accreditation, license, special skills, or other relevant information \_\_\_\_\_

Clerical Skills: Typing WPM \_\_\_\_\_ Computer/other office equipment \_\_\_\_\_

### WORK EXPERIENCE

Begin with your current or most recent experience. Please attach any supplemental information you think might be useful. However, be sure you fill out the application completely. RESUMÉS MAY BE ATTACHED BUT WILL NOT BE ACCEPTABLE AS A SUBSTITUTE FOR COMPLETING THIS SECTION.

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Total years/months \_\_\_\_ Hours/Week \_\_\_\_  
month year month year

Job Title \_\_\_\_\_ Monthly Salary: \_\_\_\_\_

Number employees supervised \_\_\_\_\_ Supervisor's name and title \_\_\_\_\_

Company Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Describe this work experience \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Total years/months \_\_\_\_ Hours/Week \_\_\_\_  
month year month year

Job Title \_\_\_\_\_ Monthly Salary: \_\_\_\_\_

Number employees supervised \_\_\_\_\_ Supervisor's name and title \_\_\_\_\_

Company Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Describe this work experience \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Total years/months \_\_\_\_ Hours/Week \_\_\_\_  
month year month year

Job Title \_\_\_\_\_ Monthly Salary: \_\_\_\_\_

Number employees supervised \_\_\_\_\_ Supervisor's name and title \_\_\_\_\_

Company Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Describe this work experience \_\_\_\_\_

Reason for leaving \_\_\_\_\_

## AGREEMENT

### READ CAREFULLY BEFORE SIGNING.

I hereby certify that all statements made in this application and any additional supporting documents are true and I authorize investigation of all matters contained in the application material. I agree and understand any misstatement or omission of material fact on this application will cause forfeiture on my part of all rights of employment with the City of Mountain View. I agree to furnish such proof of age, citizenship, licenses, and education, as may be requested, and to be fingerprinted/backgrounded. I further agree to submit to a complete medical examination, which may include drug testing, by a City physician as may be requested.

I understand that all offers of employment are conditioned upon satisfactory proof of identity and legal ability to work in the United States and that the City of Mountain View is legally required by the Federal Government to hire only U.S. citizens and aliens lawfully authorized to work in the United States.

I understand that it is the policy of the City of Mountain View to preserve the right to equal employment opportunity for all persons, including those with physical, mental, or sensory disabilities. Candidates that may require special assistance in any phase of the application or testing process should advise the Human Resources Division upon submittal of application.

Signature \_\_\_\_\_ Date \_\_\_\_\_